11

| HYSI. Exac | PLACE OF DEATH | STATE OF MARYLAND |
|---|---|---|
| 子の | County Niconics | CERTIFICATE OF DEATH 23 |
| 9 | CA 14- | Registration Dist. No. 1/0 |
| 25 | a allandana a | (16.11 1 to |
| RC ass | Village or City (No. | St.: Ward) a (If death occurred in hospital or institu- tion, give its NAME in- |
| ECORD EXACTLY, Friy classified. | 2 FULL NAME / Parcy & Ben | stead of street and number.) |
| stated E | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| RAM EN | Hemale White SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH () 82, 198/ (Month) (Day) (Year) |
| Shoul it me | 6 DATE OF BIRTH | HEREBY CERTIFY, That I attended the deceased from |
| 0 - 0 - 0 | (Month) (Day) (Year) | that I last saw her alive on Oct / \ 195/ |
| IS A so the ructio | 7 AGE [If LESS than | 1-2 |
| HIS IS A blied. ACE ms so than nstruction | 88 yrs. 3 mos. 25 ds. or min.? | The CAUSE OF DEATH is was prollows: |
| KTHIS supplied in terms See instr | a OCCUPATION (a) Trade, profession or particular kind of work WOVE | - |
| uily plai | (b) General nature of industry | |
| S ring | business, or establishment in which employed or (employer) | (Durstion) yrs |
| | 9 BIRTHPLACE | Contributory / Reachilly Secondary |
| FADII be ca EATH impo | (State or country) / bankland | (Durstion)wrsmosds. |
| Zeez | 10 NAME OF | (Signed) Labluar M. D. |
| H U | 11 BIRTHPLACE | 10720 1931 (Address) Sharplown aus |
| E S N | OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| matior CAU | of MOTHER OTUSTIC Marine | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| PL MIL | 13 BIRTHPLACE OF MOTHER | At place In the |
| 700 | (State or Country) / Wurflaud | Where was disease contracted |
| of | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| RITE short | (Informant) When & Dennett | usual residence |
| Every it CIANS stateme | (Address) Sharptown | & Sharktown Md MEB, Octal, 1981 |
| BEv | Filed Oct 2, to 1931 M. Houstings Mil | Mo Lo. Watron & Seaford |
| COPY | SENT TO LOCAL from banks are needed, address State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | | |

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work; or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. To all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Committee on Chronic valvular heart Example: Measles (disease " "Coma," "Convulsions, affection need not be etc. The contributory Nomenclature Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | 2 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., without more present of the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease;

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| Village or City frankier (No | St.: Ward) St.: Ward) St.: stead of number.) |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE NARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH O |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the dec |
| (Month) (Day) (Year) | that I last saw h salive on the form |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at |
| 70 vrs. 8 mos. 22 ds. or min. | |
| OCCUPATION | My ocardeal a muffrese |
| (a) Trade, profession or particular kind of work Jarun Laler | |
| (b) General nature of industry business, or establishment in | (Durstion) Z yrs. mo |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) | Secondary |
| 10 NAME OF M | (Vo. D. Verser P. Marin |
| FATHER ubman Sedawets | (Signed) 193/ (Address) July 7 |
| 11 BIRTHPLACE OF FATHER | *State the Disease Causing Death, or, in deat Violent Causes, state (1) Means of Injury and (2) |
| Z (State or country) | Accidental, Suicidal or Homicidal. |
| of MOTHER Sallie a Bailey | 18 LENGTH OF RESIDENCE (For Hospitals, Institution in the or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the State yrs |
| (State or Country) | Where was disease contracted, if not at place of death? |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former of |
| (Informant) Mo Sauly | usual residence |
| (Address) Qualled | athe Mil Oct 2 |
| | |

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-.,, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia 6

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory Always qualify all Measles ;

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-WRITE PLAIN

V. S. No. 1 20 ż

STATE OF MADVI AND CEPTIFICATE OF DEATH

| 1. PLACE OF | Wicomico | | | (181) | Registration Dist. No. 3 | 35 |
|---|---|--------------|---------------------------|--|---|------------------|
| , | Sharpto | wn Die | trict | No | Registration Dist. No | Ward |
| | | | (1) | | tion, give its NAME instead of street and f foreign birth?rrsrr | number) |
| 2. FULL NA | ME Dortha | M.Brow | n | | | |
| (a) Residen | ce: No. | | | St., Ward. | | |
| PERSON | IAL AND STATIST | (Usual place | | MEDICAL C | If nonresident give city or town and ERTIFICATE OF DEATH | 1 State |
| 3. SEX | 4. COLOR OR RACE | 1 | RIED, WIDOWED, | 21. DATE OF DEATH | | |
| Female | Col | OR DIVORCE | D (write the word) | | Oct 29 _{Day)} 193 | T, 193 (Year) |
| ia. If married, widow HUSBAND of (or) WIFE of | ad, or divorced | | | 22. I HEREBY | CERTIFY, That I attended | deceasad from |
| (01) WITE 01 | | | | Ochover 28" | , 19,3 1, 10 October 29 | 19.3. |
| . DATE OF BIRTH | (month, day, and year) | une I6 | 1929 | I last saw h_&O_ aliva on U | | ; death is sal |
| . AGE Yea | | Days | If LESS than 1 day,hrs. | to have occurred on the date state | d abova, atA_m. | |
| 4 | | IS | ormin. | were as follows: | , , , , , , | Date of onse |
| 8. Trada, profes | ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc | | | Bunda preminia (Jernay) Oct 2 | | |
| 9. Industry or | business in which s done, as SILK MILL, | | | aujorna a | uy us ou suco a | - |
| SAW MIL | LL, BANK, etc | | | Fell against store in har home, homing | | |
| | ed last worked at pation (month and | ege | ima (years) nt in this | 1 | & shoulder. Cwf. R. | |
| year) | 2.0.2 | | upation | Other Contributory Canses of impo | (au) | 1 110 |
| Z. BtRTHPLACE (cit | | | | Surses ! | of any and Stadles | e Uchouse |
| 13. NAME V | erlon Brown | | | | | |
| | (city or town) | Md | | Name of operation | Date of_ | |
| (State of | country) | | | What test confirmed diagnosis? | Was there an | au¹opsy? |
| 15. MAIDEN NA 16. BIRTHPLACE | ME Jerdie On | ey | | | usas (VIOLENCE) filt In also tha followin | _ |
| 16. BIRTHPLACE | (city or town)D3 | 1 | | 70 | Oate of injury | , 19 |
| 17. INFORMANT | Verlon Brow | n | | Where did injury occur? Specify whether injury occurred i | (Specify city or town, county and Sta n INOUSTRY, In HOME, or in PUBLIC PL | ite) .ACE. |
| (Address) | Mardela, | Md. | | | | |
| 18. BURIAL, CREMAT | on Church | Date OCt | 29 _{,19} 3I | Manner of injury | | |
| 19. UNDERTAKER | W.D.Graven | | 0, | 24. Was diseasa or Injury In any w | vay related to occupation of deceased? | |
| (Address) | Sharptown, | Md. | -5 h | If so, specify | P | |
| 11.1 | 29,1931 | mary | Me | (Signed) Will | ian burian | M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| . Example I | | |
|--|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | 1 gear |
| The state of the s | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate: CORD ENT BINDING PERM, K FOR WITH UNFADING INK-THIS IS MARGIN RESERVED WRITE PLA ż ||

| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Wildmillo | CERTIFICATE OF DEATH |
| | Registration Dist. No. 33/ |
| Village or City 4/Marking (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Julias J. & hure | tion, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE BINGLE, MARRIED, MARRIED, MIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the daceased from 1923 (, to Company), 1923 /, |
| (Month) (Day) (Year) | that I last saw h alive on Lot 6, 19251, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at Jai John. |
| 7 I day hrs. | The CAUSE OF DEATH * was as follows: |
| OCCUPATION | (habite de |
| (a) Trade, profession or Jaron Loberon | |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yis mos de. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) yrs. mos. ds. |
| 10 NAME OF STATES | (Signed) Duration) Jrs. mos ds. |
| 11 BIRTHPLACE | 10-17 1923 (Address) Landingka, and |
| OF FATHER Z (State or country) | *State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Sarah Dennis. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Mas I while to hurch | Former or usual residence. |
| (Address) Muantico Ma | Muantico Md. Oct 19th, 1931. |
| 15 Filed Oct / 8 1907/ Mus & M Worlder Registrar | Mrs. L. Messick & Sens Biocheckel |
| If mera branks are needed, addrasa State Registrat | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the (6) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. 'The nature of the injury, "PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train Whooping American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Always qualify all Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Wie rues. 1234 | CERTIFICATE OF DEATH |
| County | (186-00) 222 |
| | Registration Dist. No. |
| Village or City Salesbrung Nolla. 120 | I Hule Horse To Gard a hospital or institu- |
| 2FULL NAME Many & orant | tion, give its NAME intended of street and rumber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, STINGLE | 16 DATE OF DEATH |
| FOLLO WE'S OR DIVORCED | , 192 |
| (Write the word) | (Month) (Day) (Year) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 1 medicalus | |
| (Month) (Day) (Year) | that I last saw h alive on 10-14-, 1931, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 12 m, |
| 1 day hrs. | The CAUSE OF DEATH * was as follows: |
| 3 yrs. mos. ds. or min.? | Fraction of lay + burned broky (alondated |
| B OCCUPATION (a) Trade, profession or | fall from whidow |
| particular kind of work | |
| (b) General nature of industry business, or establishment in | (Duration) vrs. most of day |
| which employed or (employer) | Contributory acuse aracus |
| 9 BIRTHPLACE (Nate or country) | Secondary |
| | (Duration)mosds. |
| 10 NAME OF FATHER OO OO O' CO | (Signed) M. D. |
| 11 BIRTHPLACE | (let 14 1934 (Address) Saluting rent |
| of FATHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| ll lu | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| C 12 MAIDEN NAME OF MOTHER 11 CM Chre South | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER | At place of deathyrsmosds. In the Stateyrsmosds. |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, Quancoch ba |
| THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE | Former or 10 as and 146 |
| (Informant) Leve yere & Cospilal | usual res, dence mancock ou |
| 1/2/ | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Sals Wy | Inansoel (9- 4CT 10, 19) |
| 15 Filed Oct 1419231. V. May hime | 20 UNDERTAKER ADDRESS |
| Registra | Lilliston Gras Grancock |
| If more banks are needed, addre.s tate kegistra | r, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The materia For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," for pneumonia, Bronchopacumonia ("Pneumonia,");

accident; Revolver wound of head-homicide; Poisoned by inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJU.X by Committee on Nomenclature of the ," etc., when a definite disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| te A. | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|--|
| infor- state UPA- | 1. PLACE OF DEATH | 12341 |
| n of ould occ | County Willowico | Registration Dist. No. 33 |
| item of should of OCC | Village or City Typeskin Md | No. St., Ward |
| ~ W ~ | | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds |
| CORD. Every PHYSICIANS oct statement | 2. FULL NAME Benjamin foon | var |
| D. I. SIC | (a) Residence: No. | St., Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| RECO PH Exact | PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5 SINCIF MARRIED WIDOWED | MEDICAL CERTIFICATE OF DEATH |
| E | male lea OR DIVORCED (write the way) | 21. DATE OF DEATH (Month) (Day) (Year) |
| BINDING PERMANEN EXACTI y classified. | 5a. If married, widowed, of divorced HUSBAND of Gulia Conway (or) WiFE of | 22. HEREBY CERTIFY. That t attended deceased from |
| | 6. DATE OF BIRTH (month, day, end year) 1862 | liast saw h A alive on 6 7 19 1936 death is said |
| | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| FOR IS A I stated properlectifical | 69 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| - 70 | 8. Trade, profession, or particular kind of work dona, as SPINNER, | aute hephrotis gul |
| TED THIS d be y be k of | SAWYER BOOKKEEPER atc | 1/4.3 |
| SERV] NK—T should it may n back | 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| (1) [4] | this occupation (month and | |
| REG I AGE that ons | year) after fold occupation 23 4 | Other Contributory Causes of importance: |
| NEGIN RI NFADING plied AGI erms, so tha instructions | 12. BIRTHPLACE (city or town) a your officer of Country) | |
| MARGIN UNFADI supplied n terms, so | I 13. NAME Robert Conway | |
| UN UN ten | 14. BIRTHPLACE (city or town) Med | Name of operation Date of |
| S air | (State or country) | What tast confirmed diagnosis? There was there an autopsy? To |
| WIT WIT IN DI | 15. MAIOEN NAME | 23. if death was due to external causes (VIOLENCE) fill in also the following: |
| 2 3 | [O 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| AINLY, d be can DEATH | (Stata or country) | Where did injury occur? (Specify city or town, county and State) |
| E PLAI Should OF DE | 17. INFORMANT Julia Consulary (Address) Jyaskin Add | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| L) E & S is | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| WRITE mation sl CAUSE TION is | Placa Date Date 1 192/ | Nature of injury |
| WRIT mation CAUS | 19. UNDERTAKER Mrs. Colleges March & Johns. | 24. Wes disease or injury in any way related to occupation of deceased? |
| N. S. No. | 20. FILED Olek-20, 1931 P. Woolford Walter | (Signed) Deller Tueld M. C. |
| | Registrar. If more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |
| | ", more viantes wis necute, address state Registrar, | 2411 IV. Quantes Street, Daitimore, Requesting "U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Exa | ample I | | Example II | |
|---|---|----------------|--|---------------|
| The principal cause of death of importance were as follow | THO A | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | VS. | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1 | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | 1404 3 792 | July 5,1927 | Peritonitis | 3 days ago |
| | montagu U | | | |
| Other contributory causes of | of importance: | September 1997 | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | The second secon | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| PLACE OF DEATH 12342 | STATE OF MARYLAND |
|--|--|
| County Wicomico | (19) CERTIFICATE OF DEATH |
| WITEHOUSE POLICE OF THE PROPERTY OF THE PROPER | Registration Dist. No. 333 |
| Village or City Sallshung (No. Penersula 2FULL NAME Sherwood Cooker | Jeneral St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | L MEDICAL COLOR |
| | MEDICAL CERTIFICATE OF DEATH |
| male White SINGLE, WIDOWED, WIDOWED, OR DIVORCES (Write the word) | 16 DATE OF DEATH 25 , 1923 |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| march 5, 1931 | 192 to 6 7 1923 |
| (Month) (Day) (Year) | that I lest saw han alive on 1921, |
| 7 AGE ILLESS than | The state of the s |
| yrs. 7 mos. 20 ds. or min. | The CAUSE OF DEATH * was as follows: |
| 6 OCCUPATION | Q 0 - 0 - 1 |
| (a) Trade, profession or particular kind of work | |
| (b) General nature of industry | |
| business, or establishment in | (Duration) yrs mos O ds. |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) | Secondary (Durstion) yrs |
| 10 NAME OF | 1 |
| FATHER Franklin Cooper. | (Signed) M. D. |
| OF FATHER | (Address) |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Jouise Morris. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| (State or Couptry) maryland | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| (Informant) Mrs. Franklin Cooper. | Former or usual residence |
| (Address) Salisbury, Md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed Oct 27 1923/ . May Jurne | 20 UNDERTAKER ADDRESS |
| Registra | 1. G. W. Durbage. Berlin the |
| If more banks are needed, addre.s Ltate Negistra | r, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more properties of the laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation person, irrespective ci Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. alic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," Chronic Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

110

NOV 6

CAUSE mation

LION

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of injury

tf so, specify (Signed)

(Address)

24. Was disease or injury in eny way ratated to occupation of decaased?

und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week gao |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 дауз ндо |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gustroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Exa | ample I | 1 | Example II | |
|---|---------------|---------------|--|---------------|
| The principal cause of death of importance were as follow | vs: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIV | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | HOV 8 1931 | July 5,1927 | Peritonitis | 3 days ago |
| | BURRIAN | | | |
| Other contributory causes o | f importance: | | Other contributory causes of importance: | |
| Gallstones 1 | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I, | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis TI ATT C | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | H H | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI |
|--|
|--|

| PLACE OF DEATH 1234 | STATE OF MARYLAND |
|--|---|
| County Wie Wellard | CERTIFICATE OF DEATH |
| STORE RESPONDED LIBERT OF | Registration Dist. No. 333 |
| Village or City Salady (Nolla, 10 | su- Hour. Showpard a hospital or institu- |
| 2FULL NAME Man 5000 | wow - Princess Stead of street and stead of street and |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED: OR DIVORCE OR DIVORCE (Write the word) | 16 DATE OF DEATH \ \ \ \ \ \ - \ \ 3\ - \ \ , \ 1923 \ \ |
| 6 DATE OF BIRTH | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from |
| Imknown 1 | 1923) to 1823, 1923, |
| (Month) (Day) (Year) | that I last saw h ham alive on 5 - 3 1 192, |
| 7 AGE If LESS than I day hrs. ds. or min.? | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Durstion) yrs, mos, ds, |
| 9 BIRTHPLACE (State or country) Uniques | Contributory Secondary Secondary The Contributory of Uterson de. Duration year mos. de. |
| FATHER Tring Collins. | (Signed) M. D. |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Or othing I was a soul | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place of death yrs mos ds. State yrs mos 3 ds. |
| (State or Country) | Where was discess contracted, |
| (Informant) Hilmann Sharoon | Former or usual residence Princess Cine |
| (Address) Times ame, Ma | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WEST 19.34 |
| 15 Filed Oct 3/ 1923/, J. May Turne Registrar | 20 UNDERTAYER ADDRESS ADDRESS Strange To Deschoo Str Ampre To |
| If more blanke are needed, address State Registrate | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 9 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY "" "Weakness," etc., when a definite disease cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the ," "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

FOR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| | Example II | | |
|-------------|--|--|--|
| | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Wicomies | 2348 CERTIFICATE OF DEATH |
| WITHIN COMPOSATE LIMITS OF | Registration Dist. No. 33 |
| Village or City & alisbury ma (No. Pennsula 2FULL NAME m Robert J. elry | General Hospitalst: 13 Ward) (If death occurred a hospital or in the stead of street number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Other 16, 193 (Month) (Day) (Ye |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased Systember 19 1931 to Oct 16 , 1 |
| (Month) (Day) (Year) | |
| 7 AGE If LESS th 1 day | rs. The CAUSE OF DEATH * was as follows: |
| a) Trade, profession or factorial formula form | Reflect len |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Mass moa |
| 9 BIRTHPLACE (State or country) maryland. | Contributory Secondary Duration from yts |
| 10 NAMEON SOLIL COME DOLLAR DELLA SOLIL COME DELLA SOLIL | (Signed) 193/ (Address) Salash |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal. |
| of MOTHER & Someries Commence | AND LENGTH OF RESIDENCE (For Hospitals, Institutions, |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyismos. 2.1 ds. Statemos |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of dea h? |
| (Informant) Penensula General Hosporta (Address) Salsbury md | 19 BLASS OF BURIAL OR REMOVAL DATE OF BURIA |
| | |
| Filed Oct / 193/. L. May Jum Registrar | Priced December Tocarceols |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

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> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Uraemia, Whooping cough; (elanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y "" "Weakness," etc., when a definite disease Chronic valvular heart disease; and consequences (e.g., sepsis, Example: Measles (disease "," "Coma," "Convulsions, etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PERMANENT BINDING FOR RESERVED MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

MARGIN RESERVED FOR

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Nicomiss | CERTIFICATE OF DEATH |
| | Registration Dist. No. 336 |
| Village or City No (No | St.: Ward) (If death occurred in |
| 2FULL NAME Mary Eligabe | tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Timal 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Clofe / 7, 192/ (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw herealive on the last saw he |
| 7 AGE [If LESS than | // |
| 8 yrs. 6 mos. / 7 ds. or min.? | |
| B OCCUPATION | + Day |
| (a) Trade, profession or particular kind of work | Mysessaus |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yrs, mos, ds, |
| 9 BIRTHPLACE (State or country) All Canadia & | Contributory Secondary |
| 10 NAME OF | (Duretton) yrs mos de, |
| 11 BIRTHPLACE | (Signed) M. D. |
| OF FATHER (State or country) OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Lallie JACACE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsds. In the Stateyrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| My Day of the Od | Former or usual residence |
| (Address) Delman Mangland | 18 PLACE OF BURIAGOR REMOVAL DATE OF BURIAL HOUSE BURIAL HOUSE BURIAL AND SOLVEN 1921 |
| 15 Filed (1 elle 19231 Wat Levens Registrar | 20 JIN DER JASSE MENTILOVA ADDRESS |
| If more bianka are needed, address State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

193511

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia 6) Grocery,

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American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory (s. ondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); inges, pertonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainated unless important. "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic valvular heart disease Example: Measles (disease Nomenclature of the " "Convulsions, was under-Measles;

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| Example I | distribution and state of the s | Example II | - |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 doys ago |
| NOV 6 1931 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | May 1,1923 | Gostroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|----------------|------------|----|-----------|
|--------------|-------|-----|----------------|------------|----|-----------|

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instru

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 14004 |
| county Uicomico | Registration Dist. No. 333 |
| Village or City Salesbury | No. 611 Poplar Hill Que St. 1 Ward |
| (H | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred or yrs. I mos | . 24 ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Thineas admond | gordy |
| (a) Residence: No. 611 July July (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL_CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, | 21. DATE OF DEATH |
| males a word or DIVORCED (write the word) | 00. 11, 193 |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Dyy) (Yaar) |
| mary Ida Gorde | 22. CHEREBY CERTIFY That I attended deceased from |
| 01 22 1046 | Dept. 1, 1931, to 0 (1, 1931 |
| 7. AGE Years Months Days If LESS than | I last saw h |
| 65 11 01 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| d 9 Trade profession or postingly | Lastra cutero Carcinona Olmit |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Supervisor & SAWYER, BOOKKEEPER, etc. | QUEAN! |
| work was done as STLK MILL | articles. |
| work was done, as SILK MILL, SAW MILL, BANK, etc. Oct. 10. Data deceased last worked at 11. Total time (years) | 290 |
| 10. Data deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this 20 years) | |
| 5.0.0 | Other Contributory Causes of importance: |
| (State or country) 12. BIRTHPLACE (city or town) (State or country) Mary Land | I borable an enor obstire of a chair butter |
| 13. NAME Unknown, | A substitution of the subs |
| 13. NAME Unknown 14. BIRTHPLACE (city or town) | Nama af operation |
| (Stata or country) Unknown | Whate the confirmed diagnos by Auralian Am Westhers an autopsy? 10 |
| 15. MAIDEN NAME Midian Crordy | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIOEN NAME Midian Gordy 16. BIRTHPLACE (city or town) Barren Or Wicomes G | Accident, suicide, or homicide?Date of injury10 |
| X (State or country) maryland | Where did injury occur? |
| 17. INFORMANT Mrs. M. Dela Gordy. | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 611 Poplar Hill ave, Salatory | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Deneton Comstern Date Oct. 2/ 19.31 | Manner of injury |
| Place Ashalon amelen Date Oct. 21, 19.31 | Nature of injury |
| 19. UNDERTAKER ames J. Stawart | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) 462 6. Church St. Salabury Ma. | If so, specify Diram of artuol lasks. |
| 20. FILEO UCT 2/, 1913/ L. May Junes | (Signed) M. D. |
| Registrar. If more blanks are needed, address State Registrar | (Address) - Polsobary N. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |
| , and the state of | -7 Country offices, Danishore, Requesting U. S. IVO, I. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | and the state of t | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attock of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | 9, | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 yeor |
| 70/ 5 1982 | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 10000 |
| County Frice States | Registration Dist. No. |
| Village or City Calactury | No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| | s. ds. How long in U.S. if of foreign birth? yrs. mos. ds |
| 2. FULL NAME This May Be (a) Residence: No. Time st. ext. Salish | St. 13 Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR HARRIED (write the yord) | 21. DATE OF DEATH OCK, 14 . 193 (Year) |
| 5a. If married, widowers of divorced HUSBAND of Henry 9. Bully | |
| (or) WIFE of July J. Miles | 22. HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) ang 210 1897 | Hast saw har alive on Oel 14 19 death is said |
| 7. AGE Months Days If LESS than | to have occurred on the date stated above, a 2.05 Cm |
| 34 1 27 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8 Trade profession or particular | were as follows: |
| kind of work done, as SPINNER, House work | Cruscilas / Neal Ols: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | and nick, |
| SAW MILL, BANK, etc | |
| O this occupation (month and year) year) | |
| (Vr) | Other Coatributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME James H. Jesla | - |
| E // Dra. | |
| 4 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? |
| I No | 23. If deeth was due to external causes (VIOL ENCE) fill in elso the following: |
| O 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury 19 |
| Mr. Henry & S. Ol | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANY (Address) Unest. Idelate Md | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMOTION, OR REMOVAL | Manner of injury |
| Place / acomo compate / OC, 16, 1931 | Nature of injury |
| 10 HARRING Holloway + Co. | 24. Was disease or injury In any way related to occupation of deceesed? |
| 19. UNDERTAKER (Address) Jahrston (Manland | If so, specify |
| 20. FILED Oct 18 19 11. & May Turner | (Signed) Wy M. E. |
| Registrar. | (Address) (Chishing M.K. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 12354 |
|--|---|
| 1. PLACE OF DEATH WITHIN OCCUPANT | 1000 |
| · County Wicomico 12 LINITE OF | Registration Dist. No. 309 |
| Village or City Salisbury (II | No. Perunaula Genl. Hasy toth /3 Ward death occurred in a hospital or institution, (give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos | ds. How long in U, S. if of foreign birth?yrsmosds. |
| 2. FULL NAME John L. Gunter | |
| (a) Residence: No. allen, md | St. / Ward. |
| (Usuaf place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| Male a a married | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY That I attended deceased from |
| (or) WIFE of Cosnie Junter | Repr. 1 1931 to Och 3/ 1931 |
| 6. DATE OF BIRTH (month, day, end year) June 2, 1904 | Hast saw has alive on OH 3/ 193/ death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 1 12 m. |
| 27 4 29 1 dey, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SIŁK MILL, P. P. Laborer 10. Date december of month and this presenting from this presenting from this presenting from the second to the present and the second to the | 9 11 1 9.25 |
| Industry or business in which | ly phot tem |
| work was done, as SILK MILL, R. R. Laborer SAW MILL, BANK, etc. | |
| 10. Date deceased last worked et Quy . 14 11. Total time (years) spent in this year) . 14 12. Total time (years) spent in this occupation . 14 | |
| 12. BIRTHPLACE (city or town) | Other Contribatory Casses of importanca: |
| (State or country) Urginia | landon |
| W 13. NAME John C. Cunter | `` |
| 13. NAME Johns C. Gunter 14. BIRTHPLACE (city or town) | Neme of operation Date of |
| (State or country) Virginia | Whet test confirmed diegnosis? Wes there an autopsy? |
| 15. MAIDEN NAME Sophia, Ulpshir | 23. If deeth was due to externel causes (VIDLENCE) filf in elso the following: |
| 15. MAIDEN NAME Sophia Upshur 16. BIRTHPLACE (city er town) | Accident, suicide, or homicide? |
| (State or country) Virginia | Where did injury occur? |
| 17. INFORMANT John C. Gunter | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Gden Md. | |
| Place Flower Itel Cometempate Nov. 4, 1931 | Manner of injury |
| 19. UNDERTAKER J. J. Stewart | 24. Wes disease or injury in eny way related to occupation of deceased? |
| (Address) Salisbary Md | If so, specify |
| 20 FILED Nov. 4 1931. Valvay humer | (Signed) A description, D |
| Registrar. | (Address) Daling Mid |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week aga |
| Cerebral hemarrhage | July 5, 1927 | Peritanitis | 3 days ago |
| I BUREAU V S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstanes | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "For man," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, menatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) by Committee on Nomenclature of the "" "Weakness," etc., when a definite disease Chronic valvular heart Example: Measles (disease etc. The contributory disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| County Wilage or City Contributory Village or City Contributory PERSONAL AND STATISTICAL PARTICULARS 3 SEX | 1 | 2356 |
|--|--|--|
| Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WINDOWED (Winde the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from I day y hrs. I day y hrs. I day y hrs. On COLUPATION (a) ITade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Duration of cetablishment in which employed or (employer) 10 DAME OF FATHER 2 DIRTHPLACE OF MATHER 11 DIRTHPLACE OF MOTHER 12 MIGURE NAME (State or country) 11 DIRTHPLACE OF MOTHER OF MOTHER (State or Country) 12 MIGURE NAME (State or Country) 13 DIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A COLUPATION (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 DATE OF BURIAL (Address) 17 I HEREBY CERTIFY, That I attended the deceased from the date stated above, at min. (I a) I to state the country of the date stated above, at min. (Duration) (Month) (Duration) (Duration) (Duration) (Duration) (Duration) (Month) (Duration) (Duration) (Month) (Mont | PLACE OF DEATH | STATE OF MARYLAND |
| Village or City Village or City PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OR RACE MARRIED MARRIE | County Wie aussi | |
| Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRID, WIDOWED OR DIVORED OR DIT | 1 | 222 |
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX | 000000 | Registration Dist. No. |
| PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE PRINCE MARRIED MAR | Village or City 2 aboling No. Ud - 1) | 4. 3 le. Hero private of death occurred in |
| 3 SEX 4 COLOR OR RACE 5 SINGLE WINDOWED OR DINORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) (Month) (Day) (Month | Stilleruk NAME Baly Harry | tion, give its NAME is stead of street and |
| # AMARIED MARKIED MOUNTS | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| OR DIVORCED (Write the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 18 I HEREBY CERTIFY, That I attended the deceased from (Jay, hrs. 192, to 193, that I liast saw h make on 192, that I liast saw h make out saw h make o | MARRIED. | 16 DATE OF DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| (Month) (Day) (Year) (All I HEREBY CERTIFY, That I attended the deceased from and that I instead the decea | Tour On O OR DIVORCED | 10 2 3 |
| (Month) (Day) (Year) (Month) (Day) (Month on the date stated above, at | (Write the word) | |
| (Month) (Day) (Year) The CAUSE OF DEATH * was as follows: B. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (state or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) 15 PLACE OF BURIAL OR REMOVAL (Address) 16 Lingth Or Residence 17 Secondary (Signed) (Duration) 18 Separate (Duration) 19 James (Duration) 19 James (Duration) 19 James (Address) (Duration) 19 James (Duration) 19 James (Signed) (Duration) 19 James (Address) 19 James (Address) James (Address) James (Address) James Jame | | 101 100 |
| TAGE If LESS than I day hrs. The CAUSE OF DEATH * was as follows: Age | 1, 3, | 101 |
| Day Description Descript | | |
| poccupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Address) 15 LANGTH OF RESIDENCE (For liospitals, Institutions, Tr.name of death yes mos ds. Where was disease contracted, it not explace of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | II Zubb tidii | |
| Contributory Secondary State or country Contributory Secondary | | The street of Deliver. |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MalDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (Nate or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL | 8 OCCUPATION | Still from insaint |
| business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MalDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 LOGAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL OF 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR PLACE O | | |
| which employed or (employer) | | |
| Secondary Secondary Secondary Duration M. D. Signed) | | (Duration) ,yrsmosds. |
| 10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 Duration) 16 M. D. 18 Lingth Discase Causing Death, or, in deaths from Accidental, Suicidal or Homicidal. 18 Lingth Of Residents At place of death yrs mos ds. Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? 19 PLACE OF BURIAL OR REMOVAL Date of Burial On Address As Duration) M. D. *State the Disease Causing Death, or, in deaths from Accidental, Suicidal or Homicidal. 18 Lingth Of Residents In the of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Date of Burial | | |
| FATHER II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) IZ MAIDEN NAME OF MOTHER OF MOTHER (State or Country) IZ MAIDEN NAME OF MOTHER OF MOTHER (State or Country) IZ MAIDEN NAME OF MOTHER OF MOTHER (State or Country) IZ MAIDEN NAME OF MOTHER OF MOTHER (State or Country) IZ MAIDEN NAME OF MOTHER OF MOTHER (State or Country) IZ MAIDEN NAME OF MOTHER OF MOTHER (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. IZ LINGTH OF RESIDENCE (For Hospitals, Institutions, Ir.numients or Recent Residents) At place of death | wa. | (Duration) |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 PLACE OF MOTHER (State or Country) 16 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunchients or Recent Residents) At place of death | | (Signed) M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) (Address) (Address) (Address) (State or country) A State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidentai, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitais, Institutions, Transmients or Recent Residents) At place of death | 11 BIRTHPLACE | 10/2 192/ (Address) Delestery Us |
| OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) (Address) | 0) 1 | |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Gountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 L'INGTH OF RESIDENCE (For Hospitals, Institutions, Trunuients or Recent Residents) At place of death | U (State or country) , | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) (Address) (Address) (Address) (Into or Recent Residents) At place of death | of MOTHER W Brown a W 11 18 | |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) (Address) (Address) | 13 BIRTHPLACE | |
| (Informant) Personal Server of MY KNOWLEDGE (Informant) Personal Server of My | | of deathyrsmosds. Stateyrsmosds. |
| (Informant) Levy Levy Coepital usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Valuabling Mrd 19 21 | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea h? |
| (Informant) Jerox Jerox Organia 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Valuable 19 21 | (D) le 1 1 1 t-1 | |
| (Address) falishing md 11 | (Informant) Tens flere Coepilal | |
| | (Address) Jalisbury, Mid | House premises Oct 29,031 |
| 15 (A. I he al (III). I 20 UNDERTAKER 1 20 I ADDRESS | 15 A. 1 20 91 (1) | |
| Filed (CC 26 1923). V. May Sunny of the Hamor Salishungs | Filed (C) 2 1923 1, 6. May June | Mathy Haman Salialuna |
| If more b.anks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | = | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons ento know (a) the kind of work and also (b) the or At Home, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation and children, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age, or intercurrent) affection Chronic etc. The contributory valvular heart disease; need " "Shock," not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF should item of Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. MASICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Month) classified. 5a. If married, widowed, or dispreed BINDIN HUSBAND of ERTIFY. That I stiended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Oays If LESS than FOR ----hrs. or ___ min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED may back 9 Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc ... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this that vear) _____ occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) MARGIN (State or country) 13. NAME FATHE Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?_____ MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?______ Date of injury______ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE, plnods OF 18. BURIAL, CREMATION. Manner of injury CAUSE mation Nature of injury NOLL 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed). Registrar. (Address)

Oate of enset

Was there an autopsy?.....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

stated EXACTLY. PHYSICIANS should state A PERMANENT AECORD. Every item of inforof OCCUPA-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IS WITH UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. N. B.-WRITE PLAINLY

V. S. Mo. 1

| 1. PLACE OF DEATH | MARYLAND— | CERTIFICATE OF DEATH |
|--|---|--|
| County Hicomy | co- | Registration Dist. No. 333 |
| Village or City Salish | ury, md, | No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and frumber) |
| Length of residence In city or town where deat | h occurred of yrsmos | sds. How long in U.S. If of foreign birth?yrsmos |
| 2. FULL NAME Marga (a) Residence: No. 295 Residence: | ret lan / (Usual place of abode) | St., Ward. If nonresident give eity or town and State |
| PERSONAL AND STATISTICA | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female White | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marrie & | 21. DATE OF DEATH (Month) (Oay) (Yaar) |
| ia. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mr. Samus | & Hawkins | 22. SILHEREBY SERTIFY, That I appended deceased in |
| 5. DATE OF BIRTH (month, day, and year) | mary 31 1860 | I last saw h_ alive on 9/30, 19/; death is si |
| AGE Years Months | Days If LESS than | to have occurred on tha data stated above, atm. |
| 71 8 | I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | ouse Wife | Drahets Mushers 192 |
| 9. Industry or business In which work was done, as SILK MILL. | 1:1-1 | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) | 11. Total time (years) spant in this occupation | |
| 2. BIRTHPLACE (city or town) Please (State or country) | thad Point; | Other Contributory Causes of importance: |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ryland | |
| 13. NAME Sellie 14. BIRTHPLACE (city or town) 2002 | ellians | |
| 14. BIRTHPLACE (city or town) | Brown- | Name of operation |
| | 2/11 | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Sally | Molder | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | 7 | Accident, sulcide, or homicide? Date of injury, 19 |
| 7. INFORMANT PARA CHO | Purner | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| B. BURIAL, CREMATION, OR REMOVAL | Halestury, told | |
| Place Shad foint, Med 1 | 134 Oct. 4 19 31 | Manner of injury |
| 9. UNDERTAKED The Hill 4 | Thurson Co | 24. Was disease or injury in any way related to occupation of deceased? |
| 0. FILED (1 7, 193), (1) | May June | (Signed) (Address) Caros Fun My |
| If more blan | | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | =1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Corebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BOIL LUCY S | | | |
| Other contributory causes of importance: | 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | |
|------------|-------|-----|---------|------------|----|-----------|--|
| | | | | | | | |

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OCCUPA-

| 1. PLACE OF DEATH County Miconico: Village or City Tiltarille: I Length of residence in city or Iown where death | nd. | g | Ward |
|---|--|--|---------------|
| (a) Residence: No./ | (Usual place of abode) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. S Male 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Housband of male 6. DATE OF BIRTH (month, dev., and year) | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Market L., 14-18:54 | 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY That Lattended 193 1, to 193 (193 (193 (193 (193 (193 (193 (193 | 5., 19.3./. |
| 7. AGE Years Months 2 8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc | Days If LESS than 1 day, | to have occurred on the date stated above, at 7 — m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Cootributory Causes of Importance: | Date of onset |
| (State or country) | 20 11 1 | Clileno telamis. | 1928 |

FATHE 14. BIRTHPLACE (city or town) (Stete or country) MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (Stete or country)

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Addrass)

If so, specify (Signad)

What tast confirmed diagnosis?_

Manner of injury

23. If death was due to external causes (VIOLENCE) fill In also the following

(Specify city or town, county and Stale)
Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
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| Other contributory eauses of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

BINDIN

FOR

RESERVED

MARGIN

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| Ex | ample I | ** | Example II | | |
|--|---------------------------|---------------|--|---------------|--|
| The principal cause of dear of importance were as follo | th and related causes ws: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | Б 131 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | MOA | 1921 | Run over by street car | 1 week ogo | |
| Cerebral hemorrhage | V. TEAR | July 5, 1927 | Peritonitis - | 3 doys ago | |
| | MUlmo | | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| .14. | No. of the second | | | | |
| | | | | | |

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | | |
|--------------|---|---|--|
| | The principal cause of death and related causes Date of importance were as follows: | | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5, 1927 | Peritonitis | S days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | GastroenTeritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

| | 90 | | PLACE OF DEATH | | | | |
|----------------------------|---|--------|--|--|--|--|--|
| | Exac | | County Will Mill | | | | |
| 1 | fled. | | 4 /. | | | | |
| RD | classifi ate. | Vil | lage or City UNAPM (No. | | | | |
| Ö | cate | | FULL NAME BILLE MAY | | | | |
| ~ | d E | | -POLL WAINE, If and had have helpful to | | | | |
| 7 | atec | | PERSONAL AND STATISTICAL PARTICU | | | | |
| N | ACE should be stated EXACTL that it may be properly classifutions on back of certificate. | 3 5 | SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | | | | |
| S.W. | may n ba | 6 [| DATE OF BIRTH | | | | |
| UNFADING INKTHIS IS A PERM | that it millions on | | March 29 (Month) (Day) | | | | |
| 10 | ACE that | 7 A | | | | | |
| 10 | | 1 | - A | | | | |
| H | 3 yrs. 5 mos. 24 | | | | | | |
| T | yrs. July mos. 2.4. 8 OCCUPATION (a) Trade, profession or particular kind of work | | | | | | |
| X | | | | | | | |
| 7 | carefully FH in plai portant. | PP | b) General nature of industry usiness, or establishment in | | | | |
| ž | carefu TH In | 3 | rhich employed or (employer) | | | | |
| FAD | EA Im | 9 E | (State or country) | | | | |
| S | ould F D | | 10 NAME OF SECTION OF STATE OF | | | | |
| TH | E S | က | OF FATHER | | | | |
| M | AUS | Z | (State or country) | | | | |
| - | AT | PARENT | of MOTHER of Lies Dashi | | | | |
| F | forn tate CUP | - | 13 BIRTHPLACE | | | | |
| 3 | Inf | | OF MOTHER (State or Country) | | | | |
| PI | of of o | 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWL | | | | |
| WRITE | Item s sho | | (Informant) Deorge James | | | | |
| À. | CIANS Staten | | (Address) Jasken M | | | | |
| 1 | m | 15 | Filed lef 24 /192 1 P. Worlford | | | | |
| | ż | - | If more blanks are needed, address 5 | | | | |
| | | | | | | | |

| 1 | 2 | 3 | G | 3 | |
|---|---|---|---|---|--|
| | | | | | |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33/

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

| ARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|--|---|
| LE, RIED. WED. IVORCED the word) | 16 DATE OF DEATH 23, 1923/ |
| 2 0 0 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 29, 172 (Day) (Year) | that I last saw halive on, 192, |
| If LESS than I day hrs | rs. The CAUSE OF DEATH * was as follows: |
| 100000000000000000000000000000000000000 | hed - Probably Pneumonia |
| | Contributory Broncho-July Contributory Secondary |
| rhousen | (Signed) (Address) Municipality |
| | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| shield | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs |
| KNOWLEDGE | Where was disease contracted, if not at place of death? |
| lesson | Former or usual residence |
| M | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL JYRKEN MA OT 24 , 19 J. |
| Adria Mal | Mrs LeMessick & Some Binalal My |
| Address State Regist | trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specimens. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; i nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, For many occupations a single word or term on (b) Cotton mill; (a) (6) For persons who have no occupation Automobile factory. The materia Salesman. 9 Grocery,

1931

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on taken. FOR VIOLENT DEATHS state MEANS OF INJURY or as probably such, if impossible to determine definitely. tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular Nomenclature of the Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH State 1. PLACE OF DEATH should Registration Dist. No Village or City. (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?. Length of residence in city or yrs. ____ mos. statement RECORD If nonresident give city or town and State (Usual place of ab MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Day PERMANEN (Yaar) classified 5a. If marriad, widowad, or divorced HUSBAND of TIFY. That I attended deceased from (or) WIFE of daath is said (2) certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than properl Months Days 0 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ____ min. were as follows: Date of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, atc ... pluods may back 9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, atc.... 10. Date dacaasad last worked at ПО 11. Total time (yeers) this occupation (month and spent in this instructions occupation. Other Coatributory Causes of Importance-08 12. BIRTHPLACE (city or town) (Stata or country) supplied. terms, FATHER See 14. BIRTHPLACE (city or town (Stete or country) be carefully What test confirmed diagnosis?_____ Was there an autopsy?____ d OTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur? ____. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should (Address) OF 18. BURIAL, CREMATION, Mannar of Injury WRITE rion is CAUSE mation Natura of Injury 24. Was disease or Injury In eny way related to occupation of dacaasad 19. UNDERTAKER If so, spacify (Signad) Registrar. (Addrass) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example II | | |
|---------------|--|---|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance: | |

| PLACE OF DEATH County Wicheles | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| Village or City Dalis huma. U.S. Por | Registration Dist. No. St.: (Registration Dist. No. 33) (Registration Di |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH \\ \(\mathread{\sigma} \sigma \text{Nonth} \\ \ \mathread{\text{(Month)}} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192, 192, to 192, that I last saw h 192, 192, |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work | Still bom refines |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)yrsds. |
| 9 BIRTHPLACE (State or country) W. J. 10 NAME OF FATHER BATTLE PLANTED | (Signed) (Address) Selection M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER & Qual traves these 13 BIRTHPLACE OF MOTHER | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State, yrs, ds, ds, |
| (State or Country) | Where was disease contracted, if not at place of dea h? |
| (Informant) Pen Seul Mospital (Address) Jalisbury, Md. | Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Partie of BURIAL |
| Filed Oct 28 1923/, J. May Turne | Berlie Leon Janes Dames Luar |
| If more banks are needed, address thate Negistrar | , 16 W. Saratoga St., Balto., Lequesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Flanter, For many occupations a single word or term on Stationary fireman, etc. But in

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> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock;" st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; or intercurrent) affection Chronic etc. The contributory valvular heart disease; Nomenclature need not be

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ELLA TOTAL OF CRUSE OF Death—Name, first, the bisEASE CALLING DEATH (the primary expects of the respect,
to time and causation), using always the kine accepted term for the came discase. Examples: (Cor brospinal)
fever (the only definite synunym i "Epidemic careluospinal meningitis"); Diphtheria (avoid use of Croup");
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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrilis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemarrhage | July 5,1927 | Peritanitis | 3 days ago |
| BURBAU V S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADI | DITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | |
|-----------|--|---------|
| se letter | from Or hundle statements by PHYSICIAN | 12/1/81 |
| | | ming |

| PLACE OF DEATH , 1235 | 8 STATE OF MARYLAND |
|--|---|
| County Wie renco | © CERTIFICATE OF DEATH |
| Village or City Salis burny Molla. Re | Registration Dist. No. 333 |
| Still HULL NAME Balm Walo | a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED | 16 DATE OF DEATH 10-20- , 19231 |
| (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 10 - 20 - 151 | |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE IfLESS than I day | and that death occurred on the date stated above, at |
| yrs. 0 mos. ds. or min.? | The CAUSE OF HAART Was a follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | (Duration) yre. moe ds. |
| 10 NAME OF FATHER WASSEL Charter Walow | (Signed) |
| OF FATHER Z (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Waria ala Bounds | 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsds. In theyrsds. Where was disease contracted, |
| (Informant) Per Gene Hospital (Address) Salisbury, Ind. | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL |
| Filed (C1-21 1923/ May Junes Registras | 20 UNDERTAKER acting ADDRESS Pussellhester Halone allen, In |
| If more banks are needed, addre, a Ltate hegistrar | , 16 W. Saratoga St., Balto., Lequesting V. S. ivo. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

> (secondar, or intercurrent) affection need not be st_ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E:haustion, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping approved by Committee on Nomenelature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; " "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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state infor-

OCCUPRA

8

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | İ | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis . | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| EUDIAL TO | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gostroenteritis | 1 year |
| | | | |
| | <u></u> | | |

BINDIN

FOR

RESERVED

MARGIN

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| Chronic interstitial nephritis | 1921 | Run over by street cor | 1 week ogo |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| : e : | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|--|
| infor- state &PA- | 1. PLACE OF DEATH | (j3) 12372 |
| | County Disonics. | Registration Dist. No. 333 |
| tem of should occ | 0.0. | Ma Charles I Cura ber 12 War |
| / + ms | Village or City Salas Musif | death occurred in a hospital or institution, give its NAME instead of street and number) |
| / ** | Length of residence in city or town where death occurred _/yrsmos | ds How long in U.S. if of foreign birth?yrs mos ds |
| Every CIANS tement | 2. FULL NAME / Lay Comalise | , Paidel |
| Every YSICIANS | (a) Residence: No. Christen Caux | .St., Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| RECO PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Jenale 3 Miles Strate S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| ANENA CT I | 5e. If merried, widowed, or divorced HUSBAND of | M LUEDEDY CEDTIEV THILL |
| IOI IAA A C | HUSBAND of Casar aller Pardee | 22. I HEREBY CERTIFY, That I attended deceased from |
| BIND FERMA EXA y class te. | BATT OF BIRTH - March 1/2 1852 | Hast saw has alive on Oct 10 19 3 death is sai |
| B PF PF I F F F F F F F F F F F F F F F F | 6. DATE OF BIRTH (month day, and year) 7. AGE Years Months Devs If LESS than | to have occurred on the date stated above, at |
| FOR BI IS A PE stated E properly certificate | 16 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| FI IS Str. str. pr. cer | 8. Trade, profession, or particular | were as follows: Date of onset |
| JD HIS pe | S. Hele, profession, or perturbate the service of t | Central Thursday a sight 27 |
| RESERVED G INK—THIS GE should be that it may be may on back of | 9. Industry or business In which work was done, as SILK MILL, | |
| K-K-hou | SAW MILL, BANK, etc | |
| INI INI INI INI INI INI INI INI INI INI | - Sport III (III) | |
| ARGIN RESTORMENT IN THE PROPERTY OF THE PROPER | year) occupation | Other Contributory Causes of importance: |
| | 12. BIRTHPLACE (city or town) | Chaire nephules Julian |
| MARGIN UNFADI supplied. n terms, so ee instruct | (State or country) | my occurred at muffering that were |
| | 13. NAME Ruces Miles | |
| M. M. Tr. Tr. Tr. Tr. Tr. Tr. Tr. Tr. Tr. Tr | 14. BIRTHPLACE (city or town) (Stele or country) | Name of operation Date of |
| 日音号 | (State of country) | What test confirmed diagnosis? |
| an in eg w | 15. MAIDEN NAME CASA SUICE 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| ort Har | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| AINEY, Id be car DEATH y import | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| | 17. INFORMANT M. CONEU M. Valley | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| E PLA Should OF D | 18. BURIAL, CREMATION, DR REMOVAL | |
| | Place Saluchung, MADate 10/13/3/9 | Manner of Injury |
| -WRITE PI mation shou CAUSE OF TION is ver | of 1/00 000 | Nature of injury |
| CA | 19. UNDERTAKER IL SULS A COLOR | 24. Was disease or injury in any wey related to occupation of deceased? |
| B. B. | (Address) Salislung, h | Il so, specify There R Mann - |
| vi × × | 20. FILED LCt 1, 1931, Di May Jumes Registrar. | (Signed) M. I |
| | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |
| | -, more owners are accurate manters office (CENTAL) | agas are Commend direct, Danismore, Acquesting U. J. Ivo. I. |

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| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| CHERAR P 9 | | | |
| Other contributory causes of importance: | 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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| other contributory causes of importance. | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| 2 2 2 | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|---|
| infor- state UPA- | 1. PLACE OF DEATH | 12374 |
| 771 | County Hicomies . M. 140 | Registration Dist. No. 333 |
| item of should of OCC | Village or City Saketry | Now 209 P. Dinision St., 13 War |
| ii o | Length of residence in city or town where death occurredyrs | death occurred in hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| CORD. Every PHYSICIANS of statement | 2. FULL NAME Robert Henry Pr | llias In. |
| SIC. E | (a) Residence: No. 209 S. Vir. street | St. 13 Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| RECO PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| NDING XMANEN XACTI classified | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decaasad from |
| H | 6. DATE OF BIRTH (month, day, and year) une 2. 1922 | Hast saw h Lan able on Bet 2 5 19 3) death is sai |
| | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, 2210 Pm. |
| FOR IS A stated proper ertific | 9 4 23 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| - 00 - | 8. Trada, profession, or particular kind of work dona, as SPINNER, School Boy, SAWYER, BOOKKEEPER, etc. | Justine Quanfficiency Date of once |
| SERVE NK-TI Should it may it back | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| INE SH | Date deceased last worked at this occupation (month and year) | |
| . 23 7 8 | 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance - Level afair |
| MARGIN UNFADII supplied. n terms, so ee instructi | (State or country) | 193 |
| [ARG] UNFA upplied terms, | 13. NAME Robert H. Pollia d | 1.7.3 |
| MA UNIT OF SER | 13. NAME ROPERS H. Polling III. | Name ef operation |
| WITH WITH sfully in plai | (State of country) | What test confirmed diagnosis? Plant there an autopsy? |
| 2 20 | 15. MAIDEN NAME Millie Perskey. 16. BIRTHPLACE (city ar town). | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| INLY, be car EATH import | 16. BIRTHPLACE (city ar town) | Accident, suicide, or homicide? |
| AINLY, Id be ca DEATH y import | R 91 Polling | Where did injury occur?(Specify city or town, county and State) Secify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| | 17. INFORMANT (Address) 209 D. Druss et Scheforth | Whether injury occurred the INDUSTRY, In HOME, OF IN PUBLIC PLACE. |
| | 18. BURIAL, CREMATION, OR REMOVAL Place Man cock Na. Date OCF-27/1931 | Manner of injury |
| WRITE mation s CAUSE TION is | 19. UNDERTAKER Helloway & Co. | 24. Was disease or injury in any way related to occupation of deceased? |
| S E | (Address) Saluty Manyland | If so, specify |
| N Z | 20. FILED LCT = 1991 L. Myay Survey Registrar. | (Signed) Sulisly M. |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V 8 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, For many occupations a yrs). For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The nature of the injury, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condistated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Wie ruico | CERTIFICATE OF DEATH |
| | Registration Dist. No. 333 |
| - 50's - 1110 3° | 0. 10 11 |
| Village or City Sales Trum (Nald. 10 | a hospital or institu- |
| Still EFULL NAME Baly Kilin De | tion, give its NAME in- accade of street and accade of street and |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 10 _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | |
| AGE (Month) (Day) (Year) | and that death occurred on the date stated above, atm. |
| vrs. mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| OCCUPATION | - Jan |
| (a) Trade, profession or particular kind of work | |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration)yrsmosds. |
| BIRTHPLACE | Contributory |
| (State or country) | Secondary Duction ys nos ds. |
| 10 NAME OF | 11 W. Well |
| FATHER Carl Smullen | (Signed) M. D. |
| OF FATHER | *State the Discase Causing Death, or, in deaths from |
| (State or country) unlangum. | *State the Discase Causing Death, or, in Coaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Kallerine Mary Rolling | 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) | of deathyrsds. Stateyrsde. Where was disease contracted, |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of dea.h? |
| Sur les Herrital | Former or usual residence |
| (Informant) wo x en require | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) & alisbury, Md. | Disposed of at P.S. Hoy Oct 17, 1931 |
| Filed Oct 17 19231, & May Jumes Registras | Miss Hise, Supple Salisbury |
| If more blanks are needed, address tate Registral | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specimeanon as laborer, Farm laborer, Laborer—Coal mine, etc. Women en at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st_ted unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.; Y Chronicand consequences (e. g., sepsis, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1

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| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Wie Willow | © CERTIFICATE OF DEATH |
| | Registration Dist, No. 333 |
| Village or City aliabrum (Holla) 1. | 9 Horasa Ward (If death occurred in |
| Still FULL NAME / Balry Robins | dansbury ward) a hospitul or institution, give lts NAME instead of street and |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, Dingle | 16 DATE OF DEATH |
| Temple White Wildowed. | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 10-4- 1831 | , 192, 192, |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE [If LESS that | |
| yrs. o mos. ds. or o min. | |
| B OCCUPATION (a) Trade, profession or particular kind of work | |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration)yrs,ds, |
| 9 BIRTHPLACE | Contributory Secondary |
| (State or country) | (Jurgion) mosds. |
| 10 NAME OF FATHER \\ | (Signed) MD. |
| 11 BIRTHPLACE | 10/4 193 (Address) How fry MM |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Was Was Hitel | 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Truns- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) A. | At place of deathyrsmosds. In theyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| a le the | Former or usual residence |
| (Informant) Peu, Deu, Vogesha | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Saliebury, Md | Disposed of at DS 20 Vc/ 5: 103/ |
| Filed Oct 5-192 31, M. May hun | 20 UNDERTAKER acting haddress were wise Wise Supply Halisbury |
| If more b.anks are needed, addre-s ttate Negistr | ar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Spinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopaeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic vanuum contributory nephritis, etc. The contributory

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

| | ND-CERTIFICATE OF DEATH 12378 |
|---|---|
| 1. PLACE OF DEATH | 25) |
| County | Registration Dist. No. 3 23 |
| Village or City Near Sharptown | NoSt., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs | mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Flossie J. Stanley | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | Il nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULAR | |
| Female 4. Color or RACE Colored 5. SINGLE, MARRIED, WIDE OR DIVORCED (write the | OWED, eword) 21. DATE OF DEATH OCT (Month) (Day) (Year) |
| 5a, If married, widowad, or divorcad HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decaasad from |
| 6. DATE OF BIRTH (month, day, and year) May 24 1914 | I last saw have alive on October 1991; death is said |
| | S than to have occurred on the date stated above, at 96 m |
| | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular kind of work done as SPINNER | fuherca or vertonates Date of onset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | |
| 9. Industry or business in which work was done, as SILK MILL, School Girl SAW MILL, BANK, atc. | |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, School Girl SAW MILL, BANK, atc. 10. Date decaased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) Md (State or country) | Other Contributory Causes of importance: |
| | |
| 13. NAME William J. Stanley 14. BIRTHPLACE (city or town) Md | Name of operation for Jones 1924 Date of |
| (State of country) | What test confirmed diagnosis? After the Was there an autopsy? (sa) |
| 15. MAIDEN NAME Julia E. Morcis 16. BIRTHPLACE (city or town) Md | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) Md | Accident, suicide, or homicide? Data of Injury, 19 |
| ∑ (State or country) | Where did injury occur? (Specily city or town, county and State) |
| 17. INFORMANT William J. Stanley (Address) Marcela Md. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Zion Church Date Oct I8 | , 19 Neture of injury |
| 19. UNDERTAKER W.D. Gravenor & ro | 24. Was disease or injury in any way related to occupation of daceased? |
| (Address) Sharptown, Md. | If so, specify |
| 20. FILED Och 17, 1931 Mary E. Man | M. D. (Address) Trupton Mr. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BESTERNAU V. | 5. | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

BINDIA

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| The state of the s | 3 | - | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

HYSI-Exact

| | PLACE OF DEATH County PRESSURES | STATE OF MARYLAND CERTIFICATE OF DEATH |
|-------|--|---|
| | | Registration Dist. No. 332 |
| Vi | llage or City Jarsanshuy werd | St.: Ward) (If death occurred In a hospital or institu- |
| | 2 FULL NAME I Sampson | stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 | SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 | DATE OF BIRTH Afril 26, 1850 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from / 0 - / 195/. to / 0 - 6 , 195/, that I last saw h / 1/2 alive on / 0 - 6 , 195/, |
| | AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at 10:30 A m. The CAUSE OF DEATH * was as follows: |
| CIR B | (a) Trade, profession or Outling funder | Besuch premuma |
| I | b) General nature of industry pusiness, or establishment in which employed or (employer) | (Duration) yrs. mos. ds. |
| | BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration) 7 yrs mos de. |
| | 10 NAME OF Janus Ammiss | (Signed) Frank R. Juris M. D. 10-6 1931 (Address) Willarks ma |
| RENTS | OF FATHER (State or country) Marshand | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| PAR | OF MOTHER MANN Ayel | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Maryland, | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| | (Informant) Marrie alsoms | usual residence |
| | (Address) Parsushurg Mil, | 201 3ism Date of Burial Oct 7, 1931 |
| 15 | Filed Wet, 6 192 allace J. Registrar | 20 UNDERTAKER M. Pasha Watson Selbifielle. |
| | If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

19384

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewifc, Houselaborer, Farm laborer, Laborer—Count mane, conworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day farm laborer, Laborer—Coal mine, etc. Wom-(b) Automobile factory. The materia. (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all stated unless important. American Medical Association.) Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 7 - te | STATE OF MARYLAND | CERTIFICATE OF DEATH 12381 |
|--|---|--|
| state State | 1. PLACE OF DEATH | 1ann. 130 |
| occord of the state of the stat | County // Come Cg | Registration Dist. No. 333 |
| sho of | Village or City Salishing | No. A. St., S. Wa f death occurred in a horpital or institution, give its NAME instead of street and number) |
| NS in | Length of rasidence in eity or town where death occurredyrsmos | |
| Every CIANS tement | 2. FULL NAME William Howard | Toursend |
| Every residence of the statement | (a) Residence: No. N.O. # 4. Saleshay | St., 8 Ward. |
| | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| RECO PH Exact | 3,58% 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| | Male Hile OR DIVORCED (write the word) | (Month) (Day) (Yaar) |
| NDING EMANEN X A C T J | 5a. If married, widowed, or divorced HUSBAND of | |
| MANA ASS | (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from 193 |
| hand bond | 6. DATE OF BIRTH (month, day, and year) Fiel. 11, 1929 | Hast saw bein alive on Oct 24 193/; death is sa |
| | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 7 Pm. |
| FOR IS A I stated properly certifica | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ons |
| - 70 | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Ocus Broto Diesas July |
| H | 9. Industry or business in which | Francis La Valvulas Mans gely |
| VK-T should it may n back | SAW MILL, BANK, etc | Lisease |
| RESH IG INI AGE SI that it | this occupation (month and spent in this year) occupation | |
| ZALS | 12. BIRTHPLACE (city or town) Maryland | Other Contributory Causes of Importance |
| MARGIN UNFADI supplied. n terms, so | (State or equity) | 1 278 |
| | 13. NAME Filliam MM. Dounden | |
| | 14. BIRTHPLACE (city or town) Maryland (State or country) | Name af operation |
| THE STATE OF | 15. MAIDEN NAME Bertie Pearl Smuller | What test confirmed diagnosis? Was there an autopsy? |
| a ii e | 16. BIRTHPLACE (city or town) Manyland | 23. If death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? |
| AINLY, Id be can DEATH y import | (State or country) | Whera did Injury occur? |
| ATI Id b DE. | 17. INFORMANT Helliam M. Toundend | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| E PLA Should OF D | (Addrass) (A) + 4 Jalesby Mayland | |
| 一一日一日 | Pichas Smuller Catal. OC/26,1931 | Manner of injury |
| WRITE mation s CAUSE TION is | 19. UNDERTAKER Holloway + G. | 24. Was disease or Injury in any way related to occupation of decaased? >200 |
| No. 1 | (Address) Salistan Maryland | If so, specify |
| vi - | 20. FILED Oct 26, 1931. 6. May home | (Signed) There & Man. M. |
| H | Registrar. | (Address) |
| | , more vianas are needed, address State Registrat, | 2411 IV. Charles Street, Dattimore, Kequesting "U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BERTATITE | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI | A | 1 | L | | | Ĺ | L | Ĺ | | í. | k | ğ | E | 1 | Ĺ | Ĭ | J | Ì | , | | , | 1 | , | 3 | 3 | 3 | 3 | 7 | | | | (| 1 | Į | 7 | 5 | 7.8 | 70 | 1 | , | ľ | 3 | • | 1 | E |] |) | Ē |] | | | K |) | , | 3 | B |] | | 75 | 4 | |] | P | Į | 1 | ľ | | £ | E | J | ľ | 1 | V. | | | Š | 4 | 1 | 1 | | 1 | | 1 | A | 1 | ١, | | I | 1 | 7 |) | 5 | 3 | S | 6 | 1 | | , | È | 3 | R | F | I | | C | 3 | ŀ | I | | ľ | 1 | H | I | | 1 | Γ | ľ | 1 | ĺ | r | | 2 | 3 | - | [| Į |] |] | | | Ţ | ļ | J | | | _ | | Į | Į | 1 | 1 | 1 | 13 | 13 | 1 | 1 |
|--|---|---|---|--|--|---|---|---|--|----|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|--|--|---|---|---|---|---|-----|----|---|---|---|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|--|----|---|--|---|---|---|---|---|--|---|---|---|---|---|----|--|--|---|---|---|---|--|---|--|---|---|---|----|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|---|---|---|--|--|---|--|---|---|---|---|---|----|----|---|---|
|--|---|---|---|--|--|---|---|---|--|----|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|--|--|---|---|---|---|---|-----|----|---|---|---|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|--|----|---|--|---|---|---|---|---|--|---|---|---|---|---|----|--|--|---|---|---|---|--|---|--|---|---|---|----|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|---|---|---|--|--|---|--|---|---|---|---|---|----|----|---|---|

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 12382 |
|--|---|
| 1. PLACE OF DEATH | (119) Wannel |
| County Milomile, | Registration Dist. No. 333 |
| Village or City Lalistry | No. P.S. Hyspital St., 13 Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| fo (h. 7 | de |
| (a) Residence: No. 3/1 Oak et. Salishy | St. /3 Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) 13 (Year) |
| Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, Thet I stended deceased from |
| 6. DATE OF BIRTH (month, day, and year) \ \(\lambda \tag{0.1931} | I last saw h Le ative on and 1931; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at 5 113 nm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | wera as follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done as SI IK MIII | Interline desirable act |
| | |
| SAW MILL, BANK, etc | |
| O 10. Date deceased last worked at this occupation (month and yaar) | |
| 12. BIRTHPLACE (city or town) Manyland | Other Contributory Causes of importance: |
| (State or country) | |
| 13. NAME Hilland C. Stade | |
| 14. BIRTHPLACE (city or town) Mary Canal (State or country) | Name of operation |
| | What test confirmed diagnosis? Was there an autopsy? |
| ma. | 23, if death was due to external causes (VIOLENCE) fill in elso tha following: |
| If. BIRTHPLACE (city ar town). (State or country) | Accident, suicide, or homicide? Data of injury, 19 Whera did injury occur? |
| 17. INFORMANT William C. Jacher (Address) 311 oak st. Salutor Mil | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Parson Compare Oct. 114, 1931 | Manner of injury |
| 19. UNDERTAKER Hollowery + Gi | 24. Was disease or Injury in any way ralated to occupation of deceased? |
| 20. FILED Oct 14, 19 11. U. May Turner Registrat. | (Signed) M. D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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|--|---------------|--|---------------|
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| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SUPPAU V.S | * | | |
| Other contributory causes of importance: | - | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| Village or City. No. (I death occurred in a horpital or institution, give in NAME interest and number). St. Now long in U.S. it of foreign high? Village or City. Mach. St., Ward. Village or City. Village or City. Village or City. Mach. (Aborthol. Village or City. Mach. (I death occurred in a horpital or institution, give in NAME interest and number). St. Now long in U.S. it of foreign high? Village or City. Mach. St., Ward. Village or City. Village or City. Mach. St., Ward. Village or City. Village or City. Village or City. Mach. St., Ward. Village or City. Village or City. Mach. St., Ward. Village or City. Village or City. Mach. St., Ward. Village or City. Village or City. Village or City. Mach. St., Ward. Village or City. Village or | 1. PLACE OF DEATH | | | (3) |
|--|--------------------------------------|---------------------------|--|--|
| Village or City | County Mrc | muco | 0 | Registration Dist. No. 332 |
| Langth of rosidence in city or togan where death occurred. Langth of rosidence in city or togan where death occurred. J. FULL NAME ACOUR OR RACE S. SINGLE MARRED, WIDOWSD. SS. Ward. Is nonresident give city or rown and State PERSONAL AND STATISTICAL PARTICULARS J. SIX 4. COLOR OR RACE S. SINGLE MARRED, WIDOWSD. OR DIVORCED ("write the word) TO J. | -1 | illarite m | 1. | |
| 2. FULL NAME (a) Residence: No. (b) Clustiplace of abode PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, MARRED, WIDOWED OR DIVORCED (wire the word) 52. If married, widowed, or divorced HUSBAND of (Nonth) (Say) 103. (Cear) 53. If married, widowed, or divorced HUSBAND of (Nonth) 54. DATE OF BIRTH (month, day, and year) 55. If married, widowed, or divorced HUSBAND of (Nonth) 56. DATE OF BIRTH (month, day, and year) 57. AGE Take, profession, or particular Nonths S. Trade, profession, or particular Nonths S. Trade, profession, or particular S. Trade, profession, or particular Nonths S. Trade, profession, or particular S. Trade, profession, or particular Nonths S. Trade, profession, or particular S. Trade, profession, or particular Nonths S. Trade, profession, or particular S. Trade, profession, or particular Nonths S. Trade, profession, or particular S. Trade, profession, or particular Nonths S. Trade, profession, or particular S. Trade, | | | | death occurred in a hospital or institution, give its NAME instead of street and number) |
| (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (using his word) So. If namine, wickneed, or divorces of the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 LESS then 1 day, bres. ormin. 8. Trade, profession, or particular numbers SAWYER, BOOKREPER, etc. 3. SAWYER, BOOKREPER, etc. 3. SAWYER, BOOKREPER, etc. 3. SAWYER, BOOKREPER, etc. 3. In many and search of the same stated above, atm., the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of oneset 12. BIRTHPLACE (city or town) Control of the same stated above, atm., the profession, or particular numbers of the same stated above, atm., the profession of particular numbers of the same stated above, atm., the profession of particular numbers of the same stated above, atm., the profession of particular numbers of the same stated above, atm., the profession of particular numbers of the same stated above, atm., the profession of particular numbers of the same stated above, atm., the profession of particular numbers of the same stated above, atm., the profession of particular numbers of the same stated above, atm., the profession of particular numbers of the same stated above, atm., the profession of the same stated above, atm | Length of rosidence in city or | town where death occurred | yrsmos. | ds. How long In U.S. if of foreign hirth?yrsmos ds. |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | 2. FULL NAME | when In | uft. | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, OR DIVORCED Comits the word) 59. If married, widowed, or divorced HUSAND or (Or) Wife of (Or) Wif | (a) Residence: No. | Yellards m | M. shode) | |
| OR DIVORCED (**unite Me word) 5.9. If married, widswed, or divorced HUSBAND of HUSBAND | PERSONAL AND S | | | |
| 59. If married, widowed, or divorced (ver) WIFE of ASSAND of widowed, or divorced of the widowed, or divorced on the date stated above, at | 3. SEX 4. COLOR OR | | | 21. DATE OF DEATH |
| South Companies of the Companies of th | 2 W | OR DIVORCED | (write the word) | (Month) , 193 (|
| 6. DATE OF BIRTH (month, day, and year) 10 - 31 6. DATE OF BIRTH (month, day, and year) 10 - 31 7. AGE Years Months Days If LESS then 1 day, hrs. of min. 8. Trade, profession, or particular kind of work dome, as SYINNER, SANNER, BOOKKEEPER, day. 8. Trade, profession, or particular kind of work dome, as SYINNER, SANNER, SANNE | 5a. If married, widowed, or divorced | 1 | | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then I day, hrs. or min. 8. Trade, profession, or particular SAW FR. BOOKKEPER, etc. 9) Industry or business in which SAW BILL, BARK, etc. 10. Date deceased last worke at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT AGGREGATION OR REMOVE (Place or country) 17. INFORMANT AGGREGATION OR REMOVE (Place or country) 18. BURIAL, CREMATION OR REMOVE (Place or country) 19. UNDERTAKER AGGREGATION OR REMOVE (Address) 19. UNDERTAKER AGGREGATION OR REMOVE (Signed) 19. UNDERTAKER AGGREGATION OR REMOVE (Signed) 19. UNDERTAKER AGGREGATION OR REMOVE (Signed) M. D. Country 19. UNDERTAKER AGGREGATION OR REMOVE (Signed) M. D. Country 19. UNDERTAKER AGGREGATION OR REMOVE (Signed) M. D. Country M. D. Country M. D. Country Manner of injury Mature of injury M. D. Country M. D. Country M. D. Country M. D. Country Manner of injury Mature of injury Mature of injury Mature of injury Mature of injury M. D. Country Manner of injury Mature of injury Mature of injury M. D. Country M. D. Country M. D. Country M. D. Country Manner of injury Mature of injury Mature of injury Mature of injury M. D. Country M. D. Country M. D. Country M. D. Country Mature of injury M. D. Country M. D. Country M. D. Country Mature of injury M. D. Country M. D. Country Mature of injury M. D. Country M. D. Country M. D. Country M. D. Country Mature of injury M. D. Country | (or) WIFE of | salve | | / // / / / / / // |
| 7. AGE Years Months Days If LESS then 1 day, hrs. or. min. B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAM MILL, BAKK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAM MILL, BAKK, etc. 11. Total time (years) spent in this occupation work was done, as SILK MILL, SAM MILL, BAKK, etc. 12. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) Manuel Male 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? What test confirmed diagnosis? Church Wes there an aulopsy? Where did injury occur? Specify whether injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury Specify Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed Thurch West And | To v | 10-1-31 | 1 | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SWYER, BOKKEPER, etc. 9/ Industry or business in which work was done as SPINNER, SWYER, BOKKEPER, etc. 10. Date of ceased flat worked at worked at worked at worked at work done, as SPINNER, SWYER, BOKKEPER, etc. 10. Date of ceased flat worked at | | 1 | 1/1500 !! | , |
| S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 9, Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date doesaed last worked at this occupation (month and year) spent in this occupation (month and year). 12. BIRTHPLACE (city or town) (State or country) DLL WARD (State or country) What test confirmed diagnosis? Changed Wes there an aulopsy? MARITHE (State or country) When the did injury occur? 15. MAIDEN NAME (City or town) (State or country) When the did injury occur? Date of injury (State or country) DLL WARD (Address) 16. BIRTHPLACE (city or town) (State or country) When the did injury occur? Date of injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) Date O 194 Nature of injury Nature of injury Nature of injury (Signed) Ward of deceased? 18. BURIAL, CREMATION OR REMOVING Place. 19. UNDERTAKER (Address) (Signed) Ward of deceased? 19. UNDERTAKER (Signed) | 7. AGE TESTS | MONTHS Days | | |
| Skind of work done, as SPINNER, SAWYER, BOKKEPER, etc. | l o Texts of | | ormin. | ware as follows: |
| Saw Mill, Bank, etc. 10 Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 18. BIRTHPLACE (city or town) 19. Marked or country) 19. Marked or country 19. Marked or c | Lind of work done on Cr | INNER, | | |
| 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVED Place Date 10 Date 10 Date 10 Mamner of injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury Nature of Injury (Signed) 17. UNDERTAKER (Address) Manner of Injury Nature of Injury Nature of Injury (Signed) Manner of Injury Nature of Injury Nature of Injury (Signed) Manner of Injury Nature of Injury Nature of Injury (Signed) Manner of Injury (Signed) Manner of Injury Nature of Injury (Signed) Manner of Injury (Signed) Manner of Injury Nature of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Manner of Injury (Manner of Injury (Manner | A | h | | Intrautirine asphila |
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| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date O Date deceased last worked a | at 11. Total tim | e (years) | |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVE Place 19. UNDERTAKER (Addless) 19. UNDERTAKER (Addless) 10. FILED 10. ON AMALE 11. INFORMANT (State or country) 12. What test confirmed diagnosis? Climical West there an aulopsy? Multiple of the following: 12. Accident, suicide, or homicide? 13. Date of injury Where did injury occurr? 14. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 15. Manner of injury Nature of injury Nature of injury Nature of injury (Signed) 15. Was disease or injury in any way related to occupation of deceased? 16. Specify (Signed) 17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVE (Address) 19. UNDERTAKER (Address) | year) | | ation | Other Cantributary Causes of Importance |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION OR REMOVIN Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED OR AMAIDEN 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Claused West there an aulopsy?** Where diagnosis? Claused West there an aulopsy?** Where diagnosis? Claused West there an aulopsy?** Where diagnosis? Claused West there an aulopsy?** Whet test confirmed diagnosis? Claused West there an aulopsy?** Where diagnosis? Claused West there an aulopsy?** Where diagnosis? Claused West there an aulopsy?** Accident, suicide, or homicide? Date of injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury Nature of Injury (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Manner of injury Nature of Injury Nature of Injury (Signed Frauge) (Signed Frauge) M. D. | 12. BIRTHPLACE (city or town) | Maras | | other countries of importance. |
| What test confirmed diagnosis? Chille Wes there an aulopsy? 15. MAIDEN NAME | 1004 | 10 gma | • | |
| What test confirmed diagnosis? Chille Wes there an aulopsy? 15. MAIDEN NAME | I 13. NAME | in Friath | 1 | |
| What test confirmed diagnosis? Chille Wes there an aulopsy? 15. MAIDEN NAME | 4. BIRTHPLACE (city or town) | Du s | | Name of operation |
| Where did injury occur? 17. INFORMANT Ray Day Full Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER A Specify Was disease or injury In any way related to occupation of deceased? (Address) 19. UNDERTAKER A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. | (State of country) | - Trous | | What test confirmed diagnosis? Clinical Wes there an autopsy? kv |
| Where did injury occur? 17. INFORMANT Ray Day Full Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER A Specify Was disease or injury In any way related to occupation of deceased? (Address) 19. UNDERTAKER A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. | 15. MAIDEN NAME | nie Mae | | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| Where did injury occur? 17. INFORMANT Ray Day Full Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place William Date 10-1, 199 Manner of injury 19. UNDERTAKER A Specify Whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER A Specify Was disease or injury In any way related to occupation of deceased? (Address) 19. UNDERTAKER A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Signed France A Specify Was disease or injury In any way related to occupation of deceased? (Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. | 5 16. BIRTHPLACE (city or town) | My | | Accident, suicide, or homicide? |
| 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVING Place William Date 10-1, 194 Nature of injury 19. UNDERTAKER (Address) 20. FILED Object of the public of the | (State or country) | 1190 | 71 | |
| 18. BURIAL, CREMATION OR REMOVAL Date 10-1, 197 Manner of injury 19. UNDERTAKER A SALE A SAL | | Jory June | ch | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Place Date Date Date Nature of Injury 19. UNDERTAKER A Spare The Society 24. Was disease or injury In any way related to occupation of deceased? (Address) 20. FILED Octoor 1997 Spring (Signed) France (Signed) M. D. | 18. BURIAL, CREMATION, OR REMOV | W. | 01 | Manner of injury |
| 20. FILED Oct all 19 Print (Signed) France M. D. | Place Willars | Date 0- | 1927 | |
| 20. FILED Oct all 19 Print (Signed) France M. D. | 19 HNDEPTAKED 4 | laret of his | & water | |
| 20. FILED Oct all 199 Street & Friend (Signed) France Jewis M. D. | | al a haghi | - Lura | |
| | 20 FUED Contactivey | William J. J. | Iplace of abode) ARTICULARS MARRED, WIDOWED, ORCED (write the word) 21. DATE 22. I last saw h to have occu The PRINCI were as folk Total time (years) spent in this occupation Other Coutri What test co 23. If death w Accident, sui Where did in Specify whet O-1, 1931 Manner of in Nature of In Mature of In Mature of In Specify whet Control A Was disea If so, specify (Signed) | the self of a second |
| | 20.116.6 | | Registrar. | (Address) Wellards Hud? |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PLACE OF DEATH

| County Wie wied | © CERTIFICATE OF DEATH |
|--|--|
| STREET STREET, | Registration Dist. No. 33 |
| Village or City Sales Day Nolld. You | Atill form steed of street number. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 16 - 3- , 1923. (Month) (Day) (Year |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the decensed f |
| 10-13- 1931 | , 192, 192 |
| (Month) (Day) (Year) | that I last saw halive on, 192 |
| 7 AGE If LESS than I day hrs or min.: | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work | 1 2 mm |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)yrsmos |
| 9 BIRTHPLACE (State or country) | Contributory Secondary Jeburation |
| 10 NAME OF FATHER Charles Singlish Tylon. | (Signed) Tomas (Address Alexandra) |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of lajury and (2) Whethe Accidental, Suicidal or Homicidal. |
| of MOTHER Color Constants | 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Tr |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea h? |
| (Informant) Charles Griffith Lycer (Address) Jalisbury, P. J. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DOME JUNIOR DE 19 |
| Filed Oct 17 1923/ D. May Junes | Charles Snifith Tyler Salisbur |
| | ar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1. |

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimeanum as laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queslaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 wéels ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| MUV 6 1901 | | | |
| Other contributory causes of importance: | March III | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |